1	COMMUNITY BASED SELF SUFFICIENCY			
2	GRANTS			
3	2008 GENERAL SESSION			
4	STATE OF UTAH			
5	Chief Sponsor: Jennifer M. Seelig			
6 7	Senate Sponsor:			
8	LONG TITLE			
9	General Description:			
10	This bill amends the Access to Health Care part of the Medical Assistance Act in the			
11	Health Code.			
12	Highlighted Provisions:			
13	This bill:			
14	 establishes a grant program for community based services for low income 			
15	individuals and individuals who are underserved in health care to assist them with			
16	prudent and appropriate use of health care resources;			
17	establishes the purposes of the grants;			
18	amends definitions; and			
19	establishes the criteria for awarding the grants.			
20	Monies Appropriated in this Bill:			
21	This bill appropriates:			
22	► as an ongoing appropriation, $\hat{\mathbf{H}} \rightarrow [\$750,000] \$401,500 \leftarrow \hat{\mathbf{H}}$ from the General Fund for			
22a	fiscal year			
23	2008-09 to fund the community based grant program.			
24	Other Special Clauses:			
25	None			
26	Utah Code Sections Affected:			
27	AMENDS:			



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26-18-301 , as enacted by Laws of Utah 1993, Chapter 255				
	26-18-302, as enacted by Laws of Utah 1993, Chapter 255			
	26-18-304 , as enacted by Laws of Utah 1993, Chapter 255			
Be i	it enacted by the Legislature of the state of Utah:			
	Section 1. Section 26-18-301 is amended to read:			
	26-18-301. Definitions.			
	As used in this part:			
	(1) "Community based organization":			
	(a) means a public or private entity; and			
	(b) includes for profit and not for profit entities.			
	(2) "Cultural competence" means a set of congruent behaviors, attitudes, and policies			
<u>that</u>	come together in a system, agency, or profession and enables that system, agency, or			
pro	fession to work effectively in cross-cultural situations.			
	(3) "Health literacy" means the degree to which an individual has the capacity to			
<u>obta</u>	ain, process, and understand health information and services needed to make appropriate			
<u>hea</u>	Ith decisions.			
	(4) "Institutional capacity" means the ability of a community based organization to			
wri	te and implement public and private grants and contracts.			
	[(1)] (5) "Medically underserved population" means the population of an urban or rural			
area	a or a population group designated by the department as having a shortage of primary health			
care	e services.			
	[(2)] <u>(6)</u> "Primary health care" means:			
	(a) basic and general health care services given when a person seeks assistance to			
scre	een for or to prevent illness and disease, or for simple and common illnesses and injuries;			
and				
	(b) care given for the management of chronic diseases.			
	[(3)] (7) "Primary health care services" include, but are not limited to:			
	(a) services of physicians, [all] nurses, physician's assistants, and dentists licensed to			
prac	ctice in this state under Title 58, Occupations and Professions;			
	(b) diagnostic and radiologic services;			

59	(c) preventive health services including, but not limited to, perinatal services,
60	well-child services, and other services that seek to prevent disease or its consequences;
61	(d) emergency medical services;
62	(e) preventive dental services; and
63	(f) pharmaceutical services.
64	Section 2. Section 26-18-302 is amended to read:
65	26-18-302. Department to award grants Applications.
66	(1) Within appropriations specified by the Legislature for this purpose, the department
67	may make grants:
68	(a) to public and nonprofit entities for the cost of operation of providing primary health
69	care services to medically underserved populations[-]; and
70	(b) to community based organizations for the purpose of developing culturally and
71	linguistically appropriate programs to educate low-income and medically underserved
72	populations to accomplish one or more of the following:
73	(i) to use public and private health care coverage programs, products, services, and
74	resources in a timely, effective, and responsible manner;
75	(ii) to make prudent use of public and private health care resources;
76	(iii) to pursue preventive health care, health screenings, and disease management;
77	(iv) to locate health care programs and services;
78	(v) to develop:
79	(A) personal health management;
80	(B) self-sufficiency in daily care; and
81	(C) life and disease management skills;
82	(vi) to support translation of health materials and information; $\hat{\mathbf{H}} \rightarrow [\frac{\mathbf{and}}{\mathbf{d}}] \leftarrow \hat{\mathbf{H}}$
83	(vii) to facilitate the person's access to primary care services and providers, including
84	mental health services $\hat{\mathbf{H}} \rightarrow \mathbf{; and}$
84a	(viii) to measure and report empirical results of its efforts to satisfy the requirements of
84b	the grant ←Ĥ .
85	(2) (a) Grants by the department shall be awarded based on:
86	(i) applications submitted to the department in the manner and form prescribed by the
87	department; and [by]
88	(ii) the criteria established in Section 26-18-303.
89	(b) The application shall contain:

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90	(i) a requested award amount[;];				
91	(ii) a budget[-,]; and				
92	(iii) a narrative plan of the manner in which the applicant intends to provide:				
93	(A) the primary <u>health</u> care services described in [this chapter.] <u>Subsection</u>				
94	26-18-301(7), if the grant is a primary health care grant under Subsection (1)(a); or				
95	(B) the community based programs described in Subsection (1)(b), if the grant is a				
96	community based grant under Subsection (1)(b).				
97	(3) [Applicants] (a) An applicant under this chapter must demonstrate to the				
98	department that [they will operate in a manner such that no person shall be denied service by				
99	reason of his inability to pay. This] the applicant will not deny services to a person because of				
100	the person's inability to pay for the services.				
101	(b) Subsection (3)(a) does not preclude [the] an applicant from seeking payment from				
102	the [patient] person receiving services, a third party, or a government agency [that is authorized				
103	or that] if:				
104	(i) the applicant is authorized to charge for the services; and				
105	(ii) the person, third party, or government agency is under legal obligation to pay				
106	[such] the charges.				
107	Section 3. Section 26-18-304 is amended to read:				
108	26-18-304. Process and criteria for awarding grants.				
109	(1) The department shall establish rules in accordance with Title 63, Chapter 46a, Utah				
110	Administrative Rulemaking Act, governing the application form, process, and criteria it will				
111	use in awarding grants under this chapter. [In awarding grants,]				
112	(2) When awarding a primary care grant under Subsection 26-18-302(1)(a), the				
113	department shall consider the extent to which the applicant:				
114	[(1)] (a) demonstrates that the area or a population group to be served under the				
115	application has a shortage of primary health care and that the services will be located so that				
116	they will provide assistance to the greatest number of persons residing in [such] the area or				
117	included in [such] the population group;				
118	[(2)] (b) utilizes other sources of funding, including private funding, to provide primary				
119	health care;				
120	$[\frac{3}{2}]$ (c) demonstrates the ability and expertise to serve traditionally medically				

121	underserved populations including persons of limited English-speaking ability, single heads of
122	households, the elderly, persons with low incomes, and persons with chronic diseases;
123	[(4)] (d) demonstrates that it will assume financial risk for a specified number of
124	medically underserved persons within its catchment area for a predetermined level of care on a
125	prepaid capitation basis; and
126	[(5)] (e) meets other criteria determined by the department.
127	(3) When awarding a community based grant under Subsection 26-18-302(1)(b), the
128	department shall:
129	(a) consider the extent to which the applicant:
130	(i) demonstrates that the area or a population group to be served under the application
131	is a medically underserved area or population and that the services will be located so that they
132	will provide assistance to the greatest number of persons residing in the area or included in the
133	population group;
134	(ii) utilizes other sources of funding, including private funding, to provide the services
135	described in Subsection 26-18-302(1)(b);
136	(iii) demonstrates the ability and expertise to serve traditionally medically underserved
137	populations including persons of limited English-speaking ability, single heads of households,
138	the elderly, persons with low incomes, and persons with chronic diseases; $\hat{\mathbf{H}} \rightarrow [\mathbf{and}] \leftarrow \hat{\mathbf{H}}$
139	(iv) meets other criteria determined by the department; and
139a	$\hat{H} \rightarrow \underline{(v)}$ demonstrates the ability to empirically measure and report the results of all
139b	grant supported activities; ←Ĥ
140	(b) consult with the state's:
141	(i) Medicaid program;
142	(ii) Children's Health Insurance Program; and
143	(iii) other assistance programs within the Department of Workforce Services and the
144	<u>Department of Human Services</u> Ĥ→; and
144a	(c) award the money appropriated for the grants in nine different grants as follows:
144b	(i) four grants in the amount of \$50,000 each to be awarded to experienced and
144c	established grant applicants; and
144d	(ii) five grants in the amount of \$30,000 each to be awarded to grant applicants that:
144e	(A) are not as established or experienced as the applicants under
144f	Subsection (3)(c)(i); or
144g	(B) represent smaller community based approaches than the applicants described in
144h	Subsection $(3)(c)(i) \leftarrow \hat{H}$.

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145	(4) Once a grant has been awarded under Subsection (3), the department shall provide
146	technical assistance to the grantee to familiarize the grantee with public and private resources
147	available to support wellness, health promotion, and disease management.
148	Section 4. Appropriation.
149	As an ongoing appropriation subject to future budget constraints, there is appropriated
150	from the General Fund for fiscal year 2008-09, $\hat{\mathbf{H}} \rightarrow [\$750,000]$ $\$401,500 \leftarrow \hat{\mathbf{H}}$ to the Department of
150a	Health to fund
151	the community based grant program authorize by Chapter 18, Part 3, Access to Health Care.

Legislative Review Note as of 12-21-07 7:01 AM

Office of Legislative Research and General Counsel

H.B. 131 - Community Based Self Sufficiency Grants - As Amended

Fiscal Note

2008 General Session State of Utah

State Impact

This bill appropriates \$401,500 ongoing from the General Fund to the Department of Health for grants to community based health care services.

	FY 2008	FY 2009	FY 2010	FY 2008	FY 2009	FY 2010
	Approp.	Approp.	Approp.	Dorrowara	Revenue	Revenue
General Fund	\$0	\$401,500	\$401,500	\$0	NI I	\$0
Total	\$0	\$401,500	\$401,500	\$0	80	80

Individual, Business and/or Local Impact

Enactment of this bill likely will not result in direct, measurable costs and/or benefits for individuals, businesses, or local governments.

2/8/2008, 2:20:52 PM, Lead Analyst: Frandsen, R.

Office of the Legislative Fiscal Analyst